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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | 1 | Complete if Known | | | | |
| THE TO AMONUTE AT | | | | Application Number 10/068,812 | | | | |
| FEE TRANSMITTAL | | | F | iling Date | 02/04/02 | | | |
| for FY 2005 | | | F | First Named Inventor Richard J. Gre | | if | | |
| Applicant claims small | entity st | atus. See 37 CFR 1.27 | E | Examiner Name Ghali, Isis A D | | | | |
| | | | | Art Unit 1615 | | | | |
| TOTAL AMOUNT OF PAY | MENT | (\$) 790 | A | ttorney Docket No. | 034298-122 | | | |
| METHOD OF PAYMENT | (check | all that apply) | | | | | | |
| ☐ Check ☐ Credit Card | d 🗌 М | ioney Order 🔲 None 🛭 | Ot | her (please identify | y): | | | |
| Deposit Account Depo | sit Acco | unt Number: 50-1698 | | Deposit Acco | ount Name: THI | ELEN REID & PR | IEST, LLP | |
| For the above-ide | ntified de | posit account, the Director | is he | reby authorized to: | (check all that a | ipply) | | |
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| | | ial fee(s) or underpayments | s of fe | _ | it any overpaym | | - | |
| Under 37 C | DFR 1.16 | and 1.17 | | · · · — | | | | |
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| FEE CALCULATION | 0.11102 | | | | · ***** | | | |
| 1. BASIC FILING, SEA | BCH A | ND EYAMINATION FEE | == | | | | | |
| I. BASIC FILING, SEA | | | | RCH FEES | EXAMII | NATION FEES | | |
| | | Small Entity | | Small Entit | | Small Entity | | |
| Application Type | <u>Fee (\$</u> | • | ee(\$ | | <u>Fee(\$)</u> | <u>Fee(\$)</u> | Fees Paid (\$) | |
| Utility | 300 | | 00 | 250 | 200 | 100 | | |
| Design | 200 | | 00 | 50 | 130 | 65 | | |
| Plant | 200 | | 00 | 150 | 160 | 80 | | |
| Reissue | 300 | | 00 | 250 0 | 600 0 | 300 0 | | |
| Provisional | 200 | 100 | 0 | U | U | U | Concl. Entite | |
| 2. EXCESS CLAIM FEE | ES | | | | | Fac (\$) | Small Entity | |
| Fee Description Each claim over 20 (incl | ludina D | oissuas) | | | | <u>Fee (\$)</u> 50 | <u>Fee (\$)</u> 25 | |
| Each independent claim | | | | | | 200 | 100 | |
| Multiple dependent clair | | , | | | | 360 | 180 | |
| <u>Total Claims</u> | | Claims Fee(\$) | | Fee Paid (\$) | | | Dependent Claims | |
| 20 or HP= | | _ x | = | | | <u>Fee (\$)</u> | Fee Paid (\$) | |
| <u>-</u> | | paid for, if greater than 20. | | | | | | |
| Indep. Claims | Extra | Claims Fee(\$) | | Fee Paid (\$) | | | | |
| - 3 or HP= | | X | = | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) | | | | | Fees Paid (\$) | | | |
| | | | | | - (DOE) \$700 | | | |
| Other (e.g., late fi | ling surc | harge): code 1801- Request | t tor C | ontinued Examination | on (KCE) \$/90 | | | |
| | | | | | | | | |

| SUBMITTED BY | | | | |
|-------------------|----------------|---|------------------------|--|
| Signature | (IRN) | Registration No. (Attorney/Agent) 44,000 | Telephone 408-292-5800 | |
| Name (Print/Type) | Adrienne Yeung | | Date 4/72/5 - | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Application Number | 10/068,812 | |
| Filing Date | 02/04/02 | |
| First Named Inventor | Richard J. Greff | |
| Art Unit | 1615 | |
| Examiner Name | Ghali, Isis A D | |
| Attorney Docket Number | 034298-122 | |

| Total Number of Pages in This Submiss | ion | Attorney Docket N | umber | 034298-12 | 2 | |
|---|--|-------------------|-------------|---|-----------------|--|
| ENCLOSURES (check all that apply) | | | | | | |
| Fee Transmittal Form | ☐ Drawing(s) | | | After Allowance Communication to TC | | |
| Fee Attached | Licensing-related Papers | | | Appeal Communication to Board of Appeals and Interferences | | |
| Amendment / Reply | Petition | | | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | | |
| After Final | Petition to Convert to a Provisional Application | | | Proprieta | ary Information | |
| Affidavits/declaration(s) | Power of Attorney, Revocation Change of Correspondence Address | | | Status Letter | | |
| Extension of Time Request | ☐ Terminal Disclaimer | | | Other Enclosure(s) (please identify below): | | |
| Express Abandonment Request | Request for Refund CD, Number of CD(s) | | | REQUEST FOR CONTINUED EXAMINATION (RCE), NOTIFICATION OF WITHDRAWAL OF CLAIM TO SMALL ENTITY STATUS, POSTCARD | | |
| ☐ Information Disclosure Statement | 。 Landscape Table on CD | | | Livini | | |
| Certified Copy of Priority Document(s) | Remarks | | | | | |
| Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1.52 or 1.53 | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | |
| Firm | THELEN REID & PRIEST, LLP | | | | | |
| Signature | 94 m | | | | | |
| Printed Name | Adrienne Yeung | | | | | |
| Date | 4/22/ | <i>S</i> | Reg. No. | 44,000 | | |
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| Signature (Juli 7 Deor Will) | | | | - | ubala | |
| Typed or printed name | Modria | WOZ ()/\ . | | Date | 4/20/01 | |

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